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GENERIC BROKER APPLICATION

Personal Data

First Insured

Name: _____ SSN or Tax ID#: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number (Daytime): _____ Telephone Number (Evening): _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Current Marital Status: Single Married Separated Divorced Widowed
(If you have ever been divorced, provide a copy of the divorce decree)

Have you been or are you now a party to a bankruptcy? Yes No

Dependent Children: Yes No

Second Insured

Name: _____ SSN or Tax ID#: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number (Daytime): _____ Telephone Number (Evening): _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Current Marital Status: Single Married Separated Divorced Widowed
(If you have ever been divorced, provide a copy of the divorce decree)

Have you been or are you now a party to a bankruptcy? Yes No

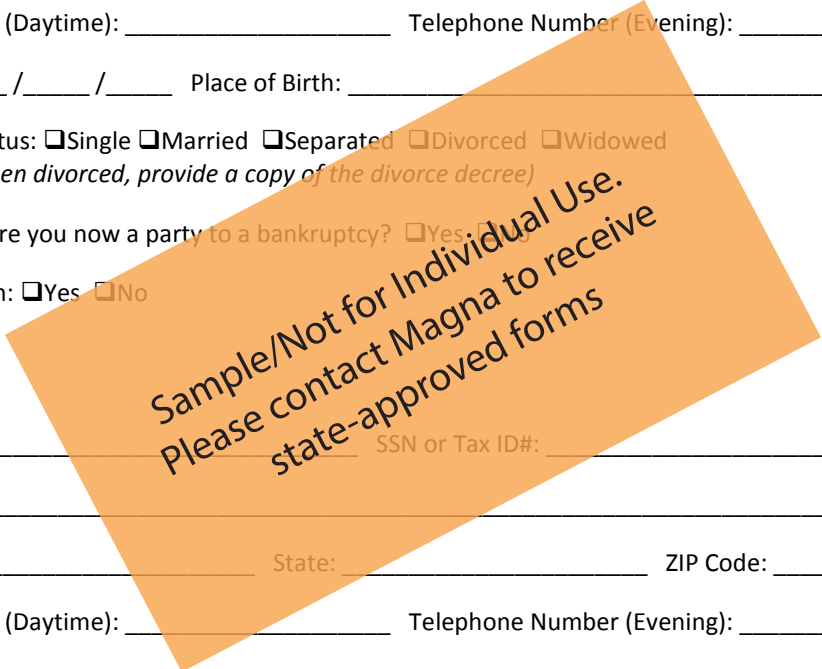
Dependent Children: Yes No

If policy owner is different from insured named above:

Policy Owner's Name: _____

Name of Trustee (if applicable): _____ SSN or Tax ID#: _____

Current Address: _____



City: _____ State: _____ ZIP Code: _____

Telephone (Daytime): _____ Telephone (Evening): _____

Life Insurance Policy Information

Name of Insurance Company (1): _____

Policy Number: _____ Policy Issue Date: ____/____/____

Coverage/Face Amount of Policy: \$ _____ Loan Amount: \$ _____

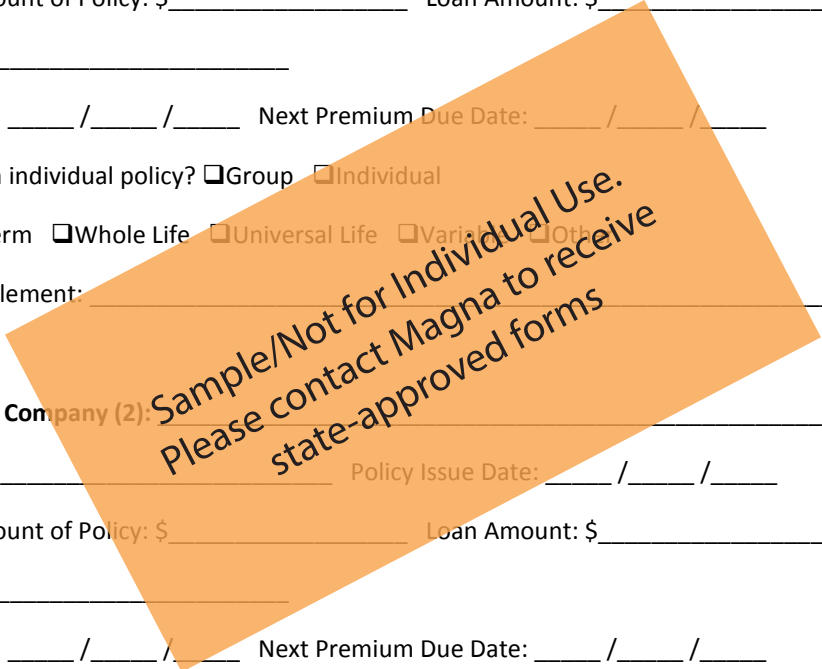
Annual Premium: _____

Last Premium Date: ____/____/____ Next Premium Due Date: ____/____/____

Is this a group or an individual policy? Group Individual

Type of Policy: Term Whole Life Universal Life Variable Other

Reason for Life Settlement: _____



Name of Insurance Company (2): _____

Policy Number: _____ Policy Issue Date: ____/____/____

Coverage/Face Amount of Policy: \$ _____ Loan Amount: \$ _____

Annual Premium: _____

Last Premium Date: ____/____/____ Next Premium Due Date: ____/____/____

Is this a group or an individual policy? Group Individual

Type of Policy: Term Whole Life Universal Life Variable Other

Reason for Life Settlement: _____

Name of Insurance Company (3): _____

Policy Number: _____ Policy Issue Date: ____/____/____

Coverage/Face Amount of Policy: \$ _____ Loan Amount: \$ _____

Annual Premium: _____

Last Premium Date: ____/____/____ Next Premium Due Date: ____/____/____

Is this a group or an individual policy? Group Individual

Type of Policy: Term Whole Life Universal Life Variable Other

Reason for Life Settlement: _____

Name of Insurance Company (4): _____

Policy Number: _____ Policy Issue Date: ____/____/____

Coverage/Face Amount of Policy: \$ _____ Loan Amount: \$ _____

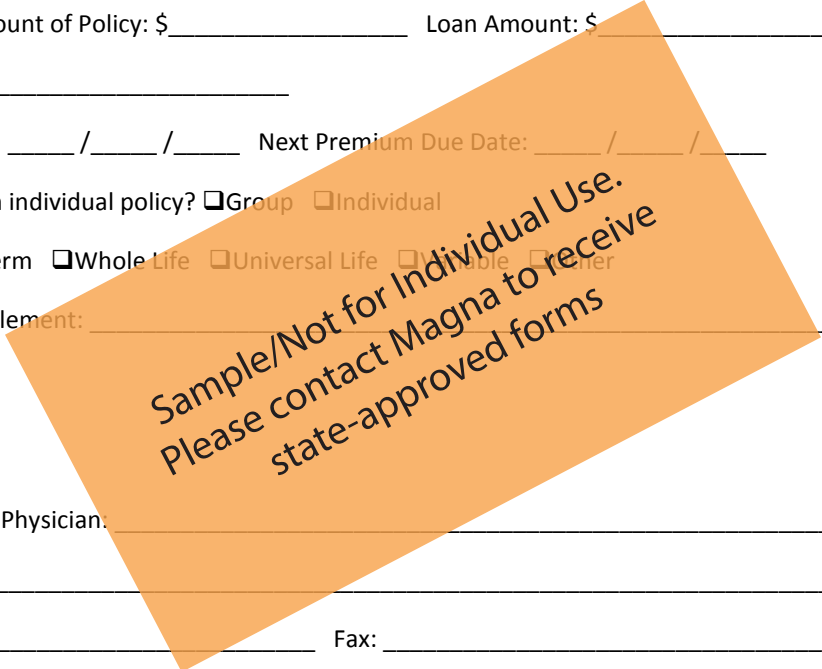
Annual Premium: _____

Last Premium Date: ____/____/____ Next Premium Due Date: ____/____/____

Is this a group or an individual policy? Group Individual

Type of Policy: Term Whole Life Universal Life Variable Other

Reason for Life Settlement: _____



Medical History

First Insured

Name of Attending Physician: _____

Address: _____

Telephone: _____ Fax: _____

Name of Specialist Physician: _____

Address: _____

Telephone: _____ Fax: _____

What other physicians have treated you in the last two years?

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

What is your general health? _____

Second Insured

Name of Attending Physician: _____

Address: _____

Telephone: _____

Name of Specialist Physician: _____

Address: _____

Telephone: _____ Fax: _____

Sample/Not for Individual Use.
Please contact Magna to receive
state-approved forms

What other physicians have treated you in the last two years?

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

What is your general health? _____
